## EXHIBIT B

Case 06a1-0785-000725-100c 9016417211 5812 red 109/115/11018600132ge Plage 12 of 11

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor:	Case Nu	mber:	ł	
USA Commerical Mortgage Company	06-	-10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address: Capital Mortgage Investors, Inc. c/o Jeffrey S. Berlowitz, P.A. 4000 Hollywood Blvd. Suite 375-S Hollywood, FL 33021		statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	ready filed a proof of claim with the t or BMC, you do not need to file agai
Creditor Telephone Number (954 966-1820	dobtor		<del></del>	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	deptor:	Check here replace or if this claim amen	a previous!	y filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S.	C. § 1114(a)	▼ Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (f	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #:		(not for roan balances)
	Unpaid C	compensation for services per	rormea from:	(date) (date)
2. DATE DEBT WAS INCURRED: 2005	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date)
<ol> <li>CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations.</li> </ol>	t best descri	be your claim and state the amou	int of the claim at	the time case filed.
UNSECURED NONPRIORITY CLAIM \$ 12,951.80  Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.  UNSECURED PRIORITY CLAIM	your claim our claim is	a right of setoff).  Brief description of	collateral:	red by collateral (including
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral:		
Amount entitled to priority \$		Amount of arrearage and secured claim, if any: \$	d other charges	at time case filed included in
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		services for personal, family, or Taxes or penalties owed to gove Other - Specify applicable parage	household use -1 ernmental units - 1	1 U.S.C. § 507(a)(7). 11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	LI	* Amounts are subject to adjust with respect to cases commence	ment on 4/1/07 an	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 12,951.80 \$		\$\$		\$12,951.80
AT TIME CASE FILED: (unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach item	( priority) nized statement of	(Total) f all interest or additional charges.
<ol> <li>CREDITS: The amount of all payments on this claim has been credity.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>. Tunning accounts, contracts, court judgments, mortgages, security as DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain.</li> <li>DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.</li> </ol>	ited and de ments, suc greements ocuments a	educted for the purpose of ma ch as promissory notes, purch , and evidence of perfection o are voluminous, attach a sumi	aking this proof on hase orders, involution. DO NOT mary.	of claim.  Dices, itemized statements of T SEND ORIGINAL
BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 1	prevailing prporation BY HAND O BMC Group Attn: USAC 1330 East F	Pacific time, on November s, joint ventures, trusts and R OVERNIGHT DELIVERY TO:	13, 2006	THIS SPACE FOR COURT USE ONLY
DATE SIGN and print the name and tile if any, of the this claim (arach/copy of power of attorne	creditor or o		rnento	

Penalty for presenting fraudulent claim is a/file of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

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		CTOLNE TOLNE	ADA		OOF OF CLA	IM ]	
	me of Debtor:			Case Nu	ımber:		
	JSA Comm	e-cra/	Mortagage	06	- 10725		
This arisi	ng after the commencer	d to make a cla nent of the cas	aim for an administrative ex e. A "request" for payment		Check box if you are aware that anyone else h filed a proof of claim relat		
	inistrative expense may		ant to 11 0.5.0. § 503.		to your claim. Attach cop	yof	
	KPT IRREV TRUST DAT C/O KAREN 1012 GREY	OCABLE FED 7/16/99 I PETERSEN T STOKE ACRE S NV 89145-86	YNDALL TRUSTEE S ST	31	statement giving particular Check box if you have never received any notice from the bankruptcy court BMC Group in this case.  Check box if this add differs from the address cenvelope sent to you by the court.	DO NOT FILE THE SECURED INTEL ONE OF THE DE If you have all Bankruptcy Court	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT EBTORS. ready filed a proof of claim with the t or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
Las	four digits of account or	other number	by which creditor identifies	debtor:	Check here	replaces	Ola i data dara l
	426	28			if this claim	or a previousiy amends	y filed claim dated:
1. B	ASIS FOR CLAIM			Retiree l	penefits as defined in 11	U.S.C. § 1114(a)	Unremitted principal
	Goods sold Services performed	Taxes	l injury/wrongful death		salaries, and compensa digits of your SS #:	tion (fill out below)	Other claims against service (not for loan balances)
12	(Money loaned	Other (d	escribe briefly)	Unpaid o	compensation for service	es performed from:	to
2 D	ATE DEBT WAS INCU	RED: A	04 →	3. IF C	OURT JUDGMENT, DA	TE OBTAINED:	(date) (date)
			he appropriate box or boxes the				the time case filed.
1	ee reverse side for importar	•			SECURED CLAIN	1	
UN	SECURED NONPRIORI		r lien securing your claim, or b	l vour alaim	Check this bo	x if your claim is secu	red by collateral (including
	exceeds the value of the p		it, or if c) none or only part of y		a right of seto	ff).	
LINS	entitled to priority. SECURED PRIORITY C	ΔIM		·		on of collateral:	
	Check this box if you have		aim, all or part of which is		Real Estat	e Motor Vehicle	e Other
	entitled to priority.				Value of Colla	teral: \$ 206	2,866.38
	Amount entitled to priority  Specify the priority of the c				Amount of arreara secured claim, if a		at time case filed included in
Ш			.C. § 507(a)(1)(A) or (a)(1)(B) 0,000)*, earned within 180 day		Up to \$2,225* of deposit services for personal, far		
	before filing of the bankrup	tcy petition or ce	essation of the debtor's	" [	Taxes or penalties owed	•	
	business, whichever is ear Contributions to an employ				Other - Specify applicable  * Amounts are subject to		c. § 507(a) ().  Ind every 3 years thereafter
_				· <u>· · · · · · · · · · · · · · · · · · </u>	with respect to cases co	mmenced on or after the	date of adjustment.
5. 1	OTAL AMOUNT OF CLA AT TIME CASE FILED:	AIM \$	\$		_ \$ 38.6عناكم.		\$ 202,866.38
١.			(unsecured)	•	secured)	( priority)	(Total)
							of all interest or additional charges.
7. S	SUPPORTING DOCUMENTING DOCUMENT IN THE COURT OF THE COUNTY OF THE COURT OF THE COUR	MENTS: <u>Attac</u>	on this claim has been cre ch copies of supporting doc ments, mortgages, security of available, explain. If the	<i>uments</i> , su agreement	ich as promissory notes s, and evidence of perfe	, purchase orders, invection of lien. DO NO	oices, itemized statements of
8. D			e an acknowledgment of the		-	•	d envelope and copy of this
f	ACCEPTED) so that it is or each person or entit povernmental units). 3Y MAIL TO:	s actually rece	of claim form must be ser eived on or before 5:00 pr ndividuals, partnerships,	n, prevailin corporatio	g Pacific time, on Nov	ember 13, 2006 its and	THIS SPACE FOR COURT USE ONLY
Į E	BMC Group Attn: USACM Claims Doo	cketing Center		BMC Gro			
F	. O. Box 911	-		1330 Eas	t Franklin Avenue	on itel	
DAT	El Segundo, CA 90245-0		t the name and title if any of the		do, CA 90245	file	
JAI	11/9/06	this clair	t the name and title, if any, of the name and title, if any, o	rney, if any):	to ther person authorized to	ky m	
Pens	alty for presenting fraudulen	t claim is a fine a	of up to \$500,000 or imprisonme	ent for up to	Evears, or both, 18 U.S.O.	66 152 AND 3571	

FORM B10 (Official Fo	rm 10) (10/05)		
United States Bai	NKRUPTCY COURT	_ D istrict of NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIA	L MORTGAGE COMPANY	Case Number 06-10725-LBR	
	d not be used to make a claim for an administrative r payment of an administrative expense may be filed pu		
Name of Creditor (The money or property):	person or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	
ROYAL LANDHOL	DINGS, LLC	Attach copy of statement giving	
Royal Landhol c/o Daniel J. 300 S. Grand Los Angeles,	McCarthy Ave., 37th Floor CA 90071	particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope	
Telephone number: (2	ant or other number by which creditor	sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
identifies debtor:	int or other number by which creditor	Check here replaces if this claim amends a previous	sly filed claim, dated:
Taxes,	ed  ury/wrongful death  perty sold; see attached	Retiree benefits as defined in 11 U. Wages, salaries, and compensation Last four digits of your SS #: Unpaid compensation for services prom (date)	(fill out below)
2. Date debt was i		3. If court judgment, date obtain	ed:
	ider; Nov. 2001 to present	],	
4. Classification o See reverse side for Unsecured Nonprior Check this box if: claim, or b) your cl	f claim. Check the appropriate box or boxes that best mportant explanations.  ity Claim \$ 7,910,109  i) there is no collateral or lien securing your aim exceeds the value of the property securing it, or part of your claim is entitled to priority.	Secured Claim.  Check this box if your claim is secright of setoff).	
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4. Classification o See reverse side for Unsecured Nonprior Check this box if: claim, or b) your cl if c) none or only I Unsecured Priority Check this box if: entitled to priority. Amount entitled to priority Specify the priority of the Domestic support (a)(1)(B) Wages, salaries, or days before filing of the ba	f claim. Check the appropriate box or boxes that best important explanations.  ity Claim \$ 7,910,109  a) there is no collateral or lien securing your aim exceeds the value of the property securing it, or part of your claim is entitled to priority.  Claim.  you have an unsecured claim, all or part of which is  \$	Secured Claim.  Check this box if your claim is securight of setoff).  Brief Description of Collateral:  Real Estate Mo Other  Value of Collateral: \$  Amount of arrearage and other charges at secured claim, if any: \$  Up to \$2,225* of deposits toward pure property or services for personal, famil § 507(a)(7).  Taxes or penalties owed to government	oured by collateral (including a stor Vehicle  time case filed included in shase, lease, or rental of y, or household use - 11 U.S.C. tal units - 11 U.S.C. § 507(a)(8).
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FORM B10 (Official Fo	rm 10) (10/05)		
United States Bai	NKRUPTCY COURT	_ D istrict of NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIA	L MORTGAGE COMPANY	Case Number 06-10725-LBR	
	d not be used to make a claim for an administrative r payment of an administrative expense may be filed pu		
Name of Creditor (The money or property):	person or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	
ROYAL LANDHOL	DINGS, LLC	Attach copy of statement giving	
Royal Landhol c/o Daniel J. 300 S. Grand Los Angeles,	McCarthy Ave., 37th Floor CA 90071	particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope	
Telephone number: (2	ant or other number by which creditor	sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
identifies debtor:	int or other number by which creditor	Check here replaces if this claim amends a previous	sly filed claim, dated:
Taxes,	ed  ury/wrongful death  perty sold; see attached	Retiree benefits as defined in 11 U. Wages, salaries, and compensation Last four digits of your SS #: Unpaid compensation for services prom (date)	(fill out below)
2. Date debt was i		3. If court judgment, date obtain	ed:
	ider; Nov. 2001 to present	],	
4. Classification o See reverse side for Unsecured Nonprior Check this box if: claim, or b) your cl	f claim. Check the appropriate box or boxes that best mportant explanations.  ity Claim \$ 7,910,109  i) there is no collateral or lien securing your aim exceeds the value of the property securing it, or part of your claim is entitled to priority.	Secured Claim.  Check this box if your claim is secright of setoff).	
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Sec. Company							
H	UNITED STAT	ES BANKATUS TO FUEVA		PRO	OOF OF CLAIM	<del>/UPageHa(</del>	MOO OI TT
Nar	ne of Debtor:		AT THE TAXABLE PROPERTY OF THE	Case Nu	Case Number:		
1	JSA Commercial I	Mortagae Cor	mnanv	06-107	06-10725-LBR		
`	ort oommercial i	nortgage oor	припу	00-101	720-LDIX		
NOT	E: See Reverse for Lis	t of Debtors and (	Case Numbers		<u> </u>	}	
This	form should not be use	d to make a claim	n for an administrative e		Check box if you are		
	ng after the commencer inistrative expense may			nt of an	aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
_	me of Creditor and		3	-	to your claim. Attach copy of statement giving particulars.		S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
			113212420374				S INCLUDES MONEY FROM THAT
	MOLINA, SE	ERGIO AND I	RENE SCHMUKE	R	Check box if you have never received any notices	BORROWER NE	LD IN THE COLLECTION ACCOUNT.
	12150 S DA P O BOX 85				from the bankruptcy court or BMC Group in this case.		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
	MOLALLA C				Check box if this address	ONE OF THE DE	
				EM	differs from the address on the		ready filed a proof of claim with the
Cred	ditor Telephone Number	(503) 3/3-1/	UE 5	EM	envelope sent to you by the court.		t or BMC, you do not need to file again.
	four digits of account or			s debtor:			2 3 1 GR 000AT 001 GR2T
:	CLIENT ID			•	Check here replain or amer	<ul> <li>a previously</li> </ul>	y filed claim dated:
	ASIS FOR CLAIM	1000	CIGOEIT POL		<del></del>		
. —	Goods sold	Personal in	ا . jury/wrongful death		penefits as defined in 11 U.S.	, , ,	Unremitted principal
	Services performed	Taxes	,,		salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
×	Money loaned	Other (des	cribe briefly)		r digits of your SS #: compensation for services pe	rformed from:	40
	•			Onpaid	compensation for solvices pe	nonnea nom.	(date) (date)
2. D	ATE DEBT WAS INCU	RRED: 2	123/2006	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(444)
			appropriate box or boxes t	hat best descr	ibe your claim and state the amo	unt of the claim at	the time case filed.
1	ee reverse side for importar SECURED NONPRIOR	•			SECURED CLAIM		
	Check this box if: a) there	is no collateral or lie	en securing your claim, or	b) your claim		our claim is secu	red by collateral (including
	exceeds the value of the pentitled to priority.	property securing it,	or if c) none or only part of	your claim is	a right of setoff).		
UNS	SECURED PRIORITY C	LAIM			Brief description of		
	Check this box if you have	an unsecured clair	n, all or part of which is		Real Estate	■ Motor Vehicle	e
	entitled to priority.				Value of Collateral	: \$	
	Amount entitled to priority	\$			Amount of arrearage at secured claim, if any:		at time case filed included in
	Specify the priority of the o		C F07/-\/4\/A\ /-\/4\/D		Secured Claim, it arry.	*	
Ш			. § 507(a)(1)(A) or (a)(1)(B)	<u></u>	Up to \$2,225* of deposits towas services for personal, family, or	ard purchase, lease or household use -1	e, or rental of property or 11 U.S.C. & 507(a)(7)
	before filing of the bankrup	otcy petition or cess	000)*, earned within 180 da ation of the debtor's	lys 🗀	Taxes or penalties owed to go		
	business, whichever is ea				Other - Specify applicable pan		
	Contributions to an employ	yee benefit plan - 1	1 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer		
5. T	OTAL AMOUNT OF CL	AIM \$	\$	50		iced on or arter the	\$ 50,000.02
1	AT TIME CASE FILED:	,	(unsecured)	(5	secured)	( priority)	(Total)
	Check this box if claim inc	ludes interest or of	ther charges in addition to	the principal	amount of the claim. Attach ite	,	of all interest or additional charges.
6 (	PEDITS: The amount	of all payments o	n this claim has been o	redited and c	leducted for the purpose of m	asking this proof	of claim
							oices, itemized statements of
r	unning accounts, contra	icts, court judgme	ents, mortgages, securit	y agreement	s, and evidence of perfection	of lien. DO NO	OT SEND ORIGINAL
1					are voluminous, attach a sur our claim, enclose a stampe	•	d anyelone and conv of this
	proof of claim.	1, 101000110	an asimomosginorit or	ano iming or y	our olam, choose a stampe	u, sen-addresse	envelope and copy of this
					or hand delivered (FAXES N		THIS SPACE FOR COURT
					ng Pacific time, on Novembers, joint ventures, trusts ar		USE ONLY
9	jovernmental units).	-, /ereanig niu					
6	MC Group			BMC Gro			and the state of the state of
	Attn: USACM Claims Do P. O. Box 911	cketing Center			CM Claims Docketing Cente t Franklin Avenue	r	
	Segundo, CA 90245-0			El Segun	do, CA 90245		
DAT			ne name and title, if any, of attach copy of power of att				
1	0/26/06 <	Jergio	nole		MACH / b /	a	
		SERGIO MI	ULIFAT		THENCE SUITIVINE	`	

Coco 06 10725 and Doc 0664 2 - Er	otarod-00/15/11618600-92 D	20027 of 11
UNITED STATES ASSOCIATED TO THE PROPERTY OF HEVADA	OF OF CLAIM	agyon or II
Name of Debtor: Case Nu		
US A COMMERCIAL MORTERE COMPANY 06-	-10725-LBR	r
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address:	statement giving particulars.	
SERGIO MOLINA AND IRENE SCHMUKER 12150 S DART RD PO BOX 859 MOLALLA OR 97038-0859	BMC Group in this case.  SECURED INT ONE OF THE I	
	differs from the address of the	afready filed a proof of claim with the urt or BMC, you do not need to file again.
Creditor Telephone Number (563) 3/3-1455	court. THIS SPA	ACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:  CLIENT ID 7038(BUNDY CANYON)	Check here replaces or a previou amends	sly filed claim dated:
	penefits as defined in 11 U.S.C. § 1114(a)	Unremitted principal
Consider manufactured	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
lander in the contract of the	digits of your SS #:	(not for four buildings)
Onpaid 6	compensation for services performed from:	(date) (date)
2. DATE DEBT WAS INCURRED: 8/24/2005 3. IF CO	OURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best descri	be your claim and state the amount of the claim	at the time case filed.
See reverse side for important explanations.  UNSECURED NONPRIORITY CLAIM \$	SEÇURED CLAIM	
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim	Check this box if your claim is se	cured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	a right of setoff).  Brief description of collateral:	
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehi	ala 🗖 Othan
Check this box if you have an unsecured claim, all or part of which is		cle
entitled to priority.  Amount entitled to priority \$	Value of Collateral: \$	- at time core fled included in
Specify the priority of the claim:	Amount of arrearage and other charg secured claim, if any: \$	es at time case tiled included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase, lea	ase, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	services for personal, family, or household use	
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Taxes or penalties owed to governmental units	,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Other - Specify applicable paragraph of 11 U.S * Amounts are subject to adjustment on 4/1/07	• ( ) ( )
	with respect to cases commenced on or after	
5. TOTAL AMOUNT OF CLAIM \$ \$ 50	,000.≌ \$	\$ 50,000.8
(unsecured) (s	secured) ( priority) amount of the claim. Attach itemized statemer	(Total) at of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been credited and d	- · · · · · · · · · · · · · · · · · · ·	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , suruning accounts, contracts, court judgments, mortgages, security agreements. DOCUMENTS. If the documents are not available, explain. If the documents	s, and evidence of perfection of lien. DO N	nvoices, itemized statements of NOT SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of y proof of claim.	•	sed envelope and copy of this
The original of this completed proof of claim form must be sent by mail of ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing for each person or entity (including individuals, partnerships, corporation).	ng Pacific time, on November 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BY HAND	OR OVERNIGHT DELIVERY TO:	
BMC Group BMC Gro		
P. O. Box 911 1330 Eas	t Franklin Avenue	
El Segundo, CA 90245-0911 El Segundo  DATE   SIGN   and print the name and title, if any, of the creditor of	do, CA 90245	
10/26/06 tis claim (attach copy of power of attorney, if any)	Mu	
SECCIO MALINA	TOENE SCHMULED	

## Case $06a10765-900725-1900 90164\pi212$ Fintered 199/15/11916600 132ge Pagre48 of 11

FORM B10 (Official Form 10) (10/05) DISTRICT OF UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM TO INT CASE # BK-5-06-10795 Name of Debtor LBR A USA COMMERCIAL NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property): ONTER STATES ANNAHOTOY POSET your claim. Attach copy of statement WILLIAM and CAROLYN BOLDING giving particulars. PATRIOIA ONE: ☐ Check box if you have never received any Name and address where notices should be sent: 396/ARIZONA AVE. 机打开数据 notices from the bankruptcy court in this Check box if the address differs from the LAS VEGAS NV address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number: 102-453-3780 the court. Check here ☐ replaces Last four digits of account or other number by which creditor if this claim 📋 amends a previously filed claim, dated: identifies debtor: Retiree benefits as defined in 11 U.S.C. § 1114(a) **Basis for Claim** Wages, salaries, and compensation (fill out below) П Goods sold Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death HFA Clear Lake Taxes Other TRUS (date) (date) If court judgment, date obtained: Date debt was incurred: 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. a right of setoff). Brief Description of Collateral: Other. Unsecured Priority Claim Value of Collateral: \$\_ ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$50,466.67 Amount entitled to priority \$\_ Specify the priority of the claim: ☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Wages, salaries, or commissions (up to \$10,000),\* earned within 180 ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 50,466.67 50,466.67 Total Amount of Claim at Time Case Filed: 5. (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the greditor or other person authorized to file this claim (attach copy of power of attorney, if any): WILLIAM BOLDING CAROLYN BOLDING Bold CUM

## Case $06_{2}$ $06_{2}$ $06_{2}$ $072_{2}$ 07

United States Bankruptcy Court	Dis	TRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor	Case	NT CASE BK-5-66-10725	DALIVED	
USA CAPITOL DIVERSIFIED TRUST DEED FUA	W BK	0*06*10/2/ LDK	A CONTROL OF AN ASSOCIATION	
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	strative exp ay be filed	ense arising after the commencement pursuant to 11 U.S.C. § 503.	_d 11 a11 and	
Name of Creditor (The person or other entity to whom the	☐ Che	ck box if you are aware that any had has filed a proof of claim relating to	II 40 AM 'UE	
debtor owes money or property):	you	claim. Attach copy of statement	TED STATES	
WILLHAM and CARDLYN BOLDING		ng particulars. [4] 4 ck box if you have never received any	REPLACE COURT	
Name and address where notices should be sent:	T ⊔ Che	ck box it you have never received any ces from the bankruptcy court in this	CLERK	
3961 ARIZONA AVE	case	•		
LAS VEGAS NV 89104		ck box if the address differs from the ess on the envelope sent to you by		
Telephone number: 702 - 453 - 3780	1	court.	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor		ck here replaces	tod alaim datad:	
identifies debtor:	if th	is claim amends a previously fi	red claim, dated:	
1. Basis for Claim		Retiree benefits as defined in		
☐ Goods sold		☐ Wages, salaries, and compen Last four digits of your SS #		
Services performed Money loaned		Unpaid compensation for ser		
Personal injury/wrongful death		from	_to	
Taxes TRUST DEED FUND		(date)	(date)	
	2	If some indement data abtains		
2. Date debt was incurred: 02/17/03	3.	If court judgment, date obtaine	a:	
4. Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe your claim and state the amour	t of the claim at the time case filed	
See reverse side for important explanations. Unsecured Nonpriority Claim \$		Secured Claim		
<u> </u>		Check this box if your claim	is secured by collateral (including	
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	none or	a right of setoff).		
only part of your claim is entitled to priority.		Brief Description of Collate	ral:	
Unsecured Priority Claim		Real Estate   Motor		
Check this box if you have an unsecured claim, all or part of v	which is	Value of Collateral: \$		
entitled to priority.		Amount of arrearage and other ch secured claim, if any: \$ 48,0	arges <u>at time case filed</u> included in	
Amount entitled to priority \$		L		
Specify the priority of the claim:		Up to \$2,225* of deposits toward p or services for personal, family, or l		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a)(7).  Taxes or penalties owed to governm	ental units - 11 11 C C & 507(a)(8)	
☐ Wages, salaries, or commissions (up to \$10,000),* earned within	in 180 🗔	Other - Specify applicable paragrap		
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).	tor s	nounts are subject to adjustment on s		
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a		with respect to cases commenced or		
5. Total Amount of Claim at Time Case Filed:	\$	9 48 047.32	\$ 48,047,32	
(unsecuted) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all				
interest or additional charges.  6. Credits: The amount of all payments on this claim has been	n credited :	and deducted for the purpose of	Time Court to some Court II O	
making this proof of claim.	CICUIECU E	and deduction for the purpose of	THIS SPACE IS FOR COURT USE ONLY	
7. Supporting Documents: Attach copies of supporting docum	nents, such	as promissory notes, purchase		
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security				
agreements, and evidence of perfection of lien. DO NOT SEN				
documents are not available, explain. If the documents are volu		· i		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of the creditor or other person authorized to				
Date Sign and print the name and title, if any, of	the credito	r or other person authorized to		
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto	the credito	r or other person authorized to		
Date Sign and print the name and title, if any, of	the credito	r or other person authorized to		

PUNITED STATES LOTHER DE TOT COULT.		DOFF OFF CLAS	MUD: Page Pag	<b>e 3</b> .0 of 11
<b>化工程等的过程的</b> 基本企业。这种企业的				
ame of Debtor: Case Number		ımber:		
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address:	of an	Check box if you are aware that anyone else ha filed a proof of claim relati to your claim. Attach copy statement giving particula.  Check box if you have never received any notice from the bankruptcy court.	ing JE YOU ARE ONLY OF CLAIM. THIS BORROWER HE	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT.
FOSTER CITY CA 94404		BMC Group in this case.  Check box if this address of the differs from the address of envelope sent to you by the	ress in the ONE OF THE DE	REST IN A BORROWER THAT IS NOT EBTORS.  ready filed a proof of claim with the to BMC, you do not need to file again.
Creditor Telephone Number (4K) 468-5000		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of Huntsuille 5936	debtor:	if this states	replaces or a previously amends	y filed claim dated:
1. BASIS FOR CLAIM	Retiree I	penefits as defined in 11		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages,	salaries, and compensat		Other claims against servicer (not for loan balances)
Money loaned		compensation for service	es performed from:	to
DATE DEDT WAS INCUDED.	lo 15 0	OURT BURGHENT DA	TE OBTAINED	(date) (date)
2. DATE DEBT WAS INCURRED: 12 0 09 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DA		the time case filed
See reverse side for important explanations.		SECURED CLAIM		,
UNSECURED NONPRIORITY CLAIM \$		the state of the s		red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of yo	your claim our claim is	a right of setof		
entitled to priority.  UNSECURED PRIORITY CLAIM			on of collateral:	_
Check this box if you have an unsecured claim, all or part of which is		Real Estate	e 🔲 Motor Vehicle	e Dother
entitled to priority.		Value of Collat	teral: \$ vn K	กอเมภ
Amount entitled to priority \$  Specify the priority of the claim:		Amount of arrearage secured claim, if an		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		Up to \$2,225* of deposits services for personal, fan		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed	·	5 (11.7
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable  * Amounts are subject to	•	i. § 507(a) (). nd every 3 years thereafter
5 TOTAL ANGUNIT OF OLARS		with respect to cases con		date of adjustment.
AT TIME CASE FILED:	80,000		,	\$ 50,000.00
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attac	( priority) ch itemized statement o	(Total) of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred				
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain.	greement	s, and evidence of perfec	ction of lien. DO NO	roices, itemized statements of T SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.				f envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, consovernmental units).  BY MAIL TO:	, prevailin orporation	g Pacific time, on Nove	ember 13, 2006 ts and	THIS SPACE FOR COURT USE ONLY
Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	AH .: USA 1330 Bast			Commission of the Commission o
DATE SIGN and print in fame and his, in the state of attorn the copy of power of attorn	e creditor or ey, if any):	other person authorized to	file	
Penalty for presenting fraudulent claim is a line of up to \$500,000 of imprisonment	nt for up to b	years, or both. 18 U.S.C.	§§ 152 AND 3571	

0 00 10705 0001	0	<del>-   0</del> 0/45/44 40-0	105 1NS	Za With Wow
Case 00 497 35-90725 Pigic 90141n	PRO	OF OF CLAIM	<del>0: \$2</del> igë 129	<del>FGI OI</del> III PO
Name of Debtor:	Case Nu	mber: >		
USA Commercial Mortgage Company		25,LBR		
03A Commercial Mortgage Company	00-107			
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expe	0000	Check box if you are		
arising after the commencement of the case. A "request" for payment of		aware that anyone else has	IE VOIL ARE ON	V OUED HOUSY BY A DODDOUED
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN I	LY OWED MONEY BY A BORROWER B BEING SERVICED BY THE
Name of Creditor and Address:		statement giving particulars.		DO <u>NOT</u> HAVE TO FILE A PROOF 3 INCLUDES MONEY FROM THAT
11321242039536	5	Check box if you have	BORROWER HE	LD IN THE COLLECTION ACCOUNT.
WESTBROOK, CONNIE 14320 GHOST RIDER DRIVE		never received any notices from the bankruptcy court or	DO NOT FILE TI	IIS PROOF OF CLAIM FOR A
RENO NV 89511		BMC Group in this case.	SECURED INTE	REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the		ready filed a proof of claim with the
( ) ( ) ( ) ( )		envelope sent to you by the	Bankruptcy Court	t or BMC, you do not need to file again.
Creditor Telephone Number ( ) クイク・8ブケーレット		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	ebtor:	Check here replac	xes a previous	y filed claim dated:
NA		if this claim amen		,
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	alaries, and compensation (f	fill out below)	Other claims against servicer (not for loan-balances)
Services performed Taxes	Last four	digits of your SS #:	6144	(not for loan-balances)
Money loaned	Unpaid o	ompensation for services per	formed from:	2003 to 4-13-2006
				(date) (date)
2. DATE DEBT WAS INCURRED: 1514 4-13-0 () 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		the time case filed
See reverse side for important explanations.	DOSE GOSCIII	-	art of the Classifiat	ure urre case med.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Check this box if you	ur daim is secu	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you		a right of setoff).	di dami is soca	Total by conditional (including
entitled to priority.		Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehick	• Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:		3
Amount entitled to priority \$		Amount of arrearage an	d other chames	ling to applaisal at time case filed included in
Specify the priority of the claim:		secured claim, if any: \$		D. Ste
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	rd purchase, lease	a, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		services for personal, family, or	household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	片	Taxes or penalties owed to gov		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Ц	Other - Specify applicable para  * Amounts are subject to adjust		
TOTAL ANGUNE OF SUMMER OF	<i></i>	with respect to cases commend	sed on or after the	date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ 49,880,86\$ (	120,0	oo Tog \$		\$ 49,880.86
(unsecured)	•	ocured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				•
6. CREDITS: The amount of all payments on this claim has been credi				
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security ac</li> </ol>	<u>nents,</u> suc greements	ch as promissory notes, purch and evidence of perfection	hase orders, inv	oices, itemized statements of
DOCUMENTS. If the documents are not available, explain. If the do	ocuments a	are voluminous, attach a sum	mary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	filing of yo	our.claim, enclose a stamped	, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	hand delivered (FAXES No	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, co	prevailing	Pacific time, on Novembe	r 13, 2006	USE ONLY
governmental units).		A STATE OF THE STA		en e
BMC Group	BMC Grou		18 100	
		CM Claims Docketing Center Franklin Avenue	·	
El Segundo, CA 90245-0911		o, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorne	creditor or o	other person authorized to file		
12-9-06 9 MALLE CONTROL	00	00000 11/0000		
L WWW JESTINOS		onnie mez 181	10012 52 AND 2571	